



KENTUCKY STATE BOARD OF HAIRDRESSERS AND COSMETOLOGISTS

Steven L. Beshear
Governor

111 St. James Court Suite A
Frankfort, Kentucky 40601
Phone (502) 564-4262
Fax (502) 564-0481
www.kbhc.ky.gov

Charles K. Lykins
Administrator

Application for Apprentice Instructor License to Teach Cosmetology
TO BE COMPLETED BY APPLICANT; LICENSE FEE \$35.00 Cashers Check or Money Order Only

Name of Applicant: _____

Address _____
(Street) (City/State) (Zip Code)

Phone Number _____ Social Security #: _____

Current Cosmetology License#: _____ Date Licensed (Cosmetologist): _____

NOTE: Cosmetologist must be licensed for ONE year prior to applying, this DOES NOT include the Apprentice license.

Cosmetology School: _____

Name of High School Attended: _____ Date Graduated: _____
(Please submit copy of High School diploma)

Have you ever been convicted of a felony? Yes ___ No ___ If yes Documentation must be Attached

Signature of Applicant

To be completed by school:

Name of Cosmetology School: _____

Address: _____
(Street) (City/State) (Zip Code)

School Owner(s): _____ School License # _____

Name of Apprentice Instructor to be Enrolled: _____
(Applicant)

Date of Enrollment: _____ School Phone # _____

In accordance with Kentucky Revised States 317.505, we submit this joint application for the aforementioned applicant to train as an Apprentice Instructor of cosmetology at the above school.

Signature of Owner(s)

You must have this application notarized by a notary public.

Subscribed and sworn before me this _____ day of _____, 20____

By _____ and _____
(Applicant) (School Owner)

(Notary Public)

(Commission Expiration)

Revised: 5/10

